

SERFF Tracking Number:	AMMS-127950986	State:	Arkansas
Filing Company:	Golden Rule Insurance Company	State Tracking Number:	
Company Tracking Number:	SA-S-1538		
TOI:	H16I Individual Health - Major Medical	Sub-TOI:	H16I.005C Individual - Other
Product Name:	Conversions		
Project Name/Number:	SA-S-1538/SA-S-1538		

Filing at a Glance

Company: Golden Rule Insurance Company

Product Name: Conversions

TOI: H16I Individual Health - Major Medical

Sub-TOI: H16I.005C Individual - Other

Filing Type: Form

SERFF Tr Num: AMMS-127950986 State: Arkansas

SERFF Status: Closed-Approved State Tr Num:

Co Tr Num: SA-S-1538

State Status: Approved-Closed

Reviewer(s): Donna Lambert

Authors: Pat Allison, Anna Ferrell

Disposition Date: 01/04/2012

Date Submitted: 01/04/2012

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date: 02/06/2012

State Filing Description:

General Information

Project Name: SA-S-1538

Project Number: SA-S-1538

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type: Individual

Filing Status Changed: 01/04/2012

State Status Changed: 01/04/2012

Created By: Pat Allison

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Pat Allison

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

This form is submitted for your review and approval for use with Golden Rule Insurance Company's existing Conversion product in Arkansas. This rider-amendment was written in response to requirements set out in AR 2011 HB 1315.

To the best of my knowledge, this form complies with the statutory and regulatory requirements of our state.

If you have questions regarding this filing, please call toll free 1-800-926-7602 extension 77057, or you may email me at alferrell@goldenrule.com.

Company and Contact

Filing Contact Information

Anna Ferrell, Contract Analyst

ALFERRELL@goldenrule.com

SERFF Tracking Number: AMMS-127950986 State: Arkansas
Filing Company: Golden Rule Insurance Company State Tracking Number:
Company Tracking Number: SA-S-1538
TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005C Individual - Other
Product Name: Conversions
Project Name/Number: SA-S-1538/SA-S-1538

7440 Woodland Drive 800-926-7602 [Phone] 7057 [Ext]
Indianapolis, IN 46278-1719 317-328-9645 [FAX]

Filing Company Information

Golden Rule Insurance Company CoCode: 62286 State of Domicile: Indiana
7440 Woodland Drive Group Code: 707 Company Type: Life and Health
Indianapolis, IN 46278 Group Name: State ID Number:
(800) 926-7602 ext. [Phone] FEIN Number: 37-6028756

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50
Paid via EFT.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Golden Rule Insurance Company	\$50.00	01/04/2012	55009848

<i>SERFF Tracking Number:</i>	<i>AMMS-127950986</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Golden Rule Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>SA-S-1538</i>		
<i>TOI:</i>	<i>H16I Individual Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16I.005C Individual - Other</i>
<i>Product Name:</i>	<i>Conversions</i>		
<i>Project Name/Number:</i>	<i>SA-S-1538/SA-S-1538</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	01/04/2012	01/04/2012

<i>SERFF Tracking Number:</i>	<i>AMMS-127950986</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Golden Rule Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>SA-S-1538</i>		
<i>TOI:</i>	<i>H16I Individual Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16I.005C Individual - Other</i>
<i>Product Name:</i>	<i>Conversions</i>		
<i>Project Name/Number:</i>	<i>SA-S-1538/SA-S-1538</i>		

Disposition

Disposition Date: 01/04/2012

Implementation Date: 02/06/2012

Status: Approved

HHS Status: HHS Approved

State Review: Not Reviewed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMMS-127950986 State: Arkansas

Filing Company: Golden Rule Insurance Company State Tracking Number:

Company Tracking Number: SA-S-1538

TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005C Individual - Other

Product Name: Conversions

Project Name/Number: SA-S-1538/SA-S-1538

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Health - Actuarial Justification	Approved	Yes
Supporting Document	Outline of Coverage	Approved	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved	Yes
Form	Arkansas Autism Rider	Approved	Yes

SERFF Tracking Number: AMMS-127950986 State: Arkansas

Filing Company: Golden Rule Insurance Company State Tracking Number:

Company Tracking Number: SA-S-1538

TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005C Individual - Other

Product Name: Conversions

Project Name/Number: SA-S-1538/SA-S-1538

Form Schedule

Lead Form Number: SA-S-1538

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved 01/04/2012	SA-S-1538	Policy/Cont Arkansas Autism ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		44.800	SA-S-1538 Form.pdf

ARKANSAS AUTISM RIDER

This rider is effective on [DATE] or at the same time as the *policy*, whichever is later.

By the attachment of this rider, the *policy* is amended as follows:

A. The following definitions are added:

1. "*Applied behavior analysis*" means the design, implementation, and evaluation of environmental modifications using behavioral stimuli and consequences to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relations between environment and behavior.
2. "*Evidence-based treatment*" means treatment subject to research that applies rigorous, systematic, and objective procedures to obtain valid knowledge relevant to *autism spectrum disorders* and shall include any equipment determined necessary to provide the treatment.
3. "*Treatment for autism spectrum disorder*" means care, treatments, interventions, services or items which are reasonably expected to: (a) prevent the onset of an *autism spectrum disorder*; (b) reduce or ameliorate the physical, mental, or developmental effects of an autism spectrum disorder; or (c) assist to achieve or maintain maximum functional activity in performing daily activities after being diagnosed with an *autism spectrum disorder*.

Treatment for autism spectrum disorder shall include the following care when prescribed, provided or ordered by a *doctor*:

- (a) *Evidence-based treatments*;
- (b) Psychiatric care, meaning direct, consultative, or diagnostic services provided by a licensed psychiatrist;
- (c) Psychological care, meaning direct or consultative services provided by a licensed psychologist;
- (d) Pharmacy care, meaning prescription medications and any health-related services necessary to determine the need or effectiveness of the medications;
- (e) Habilitative or rehabilitative care, meaning professional, counseling, and guidance services and treatment programs, including *applied behavior analysis*, that are intended to develop, maintain, and restore the functioning of an individual; and
- (f) Therapeutic care, including behavioral speech, occupational, and physical therapies that provide treatment in the areas of: (i) self-care and feeding; (ii) pragmatic, receptive, and expressive language; (iii) cognitive functioning; (iv) *applied behavioral analysis*, intervention, and modification provided or supervised by a board-certified behavior analyst; (v) motor planning; and (vi) sensory processing.

B. *Covered expenses* are expanded to include charges incurred by a *covered person* for diagnosis and *treatment for autism spectrum disorders*.

Covered expenses under this rider are subject to all the terms, conditions, exclusions, and limitations of the *policy*, including any applicable [*deductible amounts*, coinsurance provisions, notification requirements, or maximum dollar limits].

This rider does not change, waive or extend any part of the *policy*, other than as stated herein.

Golden Rule Insurance Company



President

SERFF Tracking Number:	AMMS-127950986	State:	Arkansas
Filing Company:	Golden Rule Insurance Company	State Tracking Number:	
Company Tracking Number:	SA-S-1538		
TOI:	H16I Individual Health - Major Medical	Sub-TOI:	H16I.005C Individual - Other
Product Name:	Conversions		
Project Name/Number:	SA-S-1538/SA-S-1538		

Supporting Document Schedules

		Item Status:	Status
			Date:
Satisfied - Item:	Flesch Certification	Approved	01/04/2012
Comments:			
Attachment:			
SA-S-1538 Read Cert.pdf			

		Item Status:	Status
			Date:
Bypassed - Item:	Application	Approved	01/04/2012
Bypass Reason:	Does not apply to this filing.		
Comments:			

		Item Status:	Status
			Date:
Bypassed - Item:	Health - Actuarial Justification	Approved	01/04/2012
Bypass Reason:	Does not apply to this filing.		
Comments:			

		Item Status:	Status
			Date:
Bypassed - Item:	Outline of Coverage	Approved	01/04/2012
Bypass Reason:	Does not apply to this rider filing,		
Comments:			

		Item Status:	Status
			Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved	01/04/2012
Bypass Reason:	Does not apply to this filing.		
Comments:			

Certification of Reading Ease

RE: Form (s) SA-S-1538

Golden Rule Insurance Company, by Michael L. Corne, its Vice President, does hereby certify to the best of our knowledge and belief that:

1. The Flesch reading ease test score of the above is: 44.8
2. The above is printed (except for : specification pages, schedules, tables and, with regard to any application, minor instructions concerning preparation) in not less than ten point type, one point leaded.
3. All text has been included in arriving at the above score(s), except for the following: Headings, italicized words, and form numbers.
4. The entire text of the form(s) was analyzed in arriving at the above score(s), except as follows: See #3 above.
5. The readability of the above form(s) complies with the statutory and/or regulatory requirements of the following states: Arkansas
6. The above form(s) will be used in:

<input checked="" type="checkbox"/> individual health insurance	<input type="checkbox"/> individual life insurance
<input type="checkbox"/> group health insurance	<input type="checkbox"/> group life insurance

January 4, 2012

Date



Michael L. Corne
Vice President